

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6696

CERTIFICATE OF DEATH

Reg. Dist. No. 06697 166

1. PLACE OF DEATH COUNTY GARRETT STATE MARYLAND CITY (If outside corporate limits, write RURAL or TOWN) RURAL-SWANTON LENGTH OF STAY 7 yrs.				2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) Rural-SWANTON STREET ADDRESS (If rural give location) RT. #2-NORTH GLADE													
3. NAME OF DECEASED (Type or Print) (First) SUSIE (Middle) ELIZABETH (Last) BECKMAN				4. DATE OF DEATH (Month) JULY (Day) 4 (Year) 1955													
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Aug. 30, 1875		9. AGE last birthday 79 yrs. <table border="1"> <tr> <td colspan="2">IF UNDER 1 YEAR</td> <td colspan="2">IF UNDER 24 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Min.</td> </tr> </table>		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months	Days	Hours	Min.
IF UNDER 1 YEAR		IF UNDER 24 HRS.															
Months	Days	Hours	Min.														
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, or if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Garrett Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13. FATHER'S NAME EDWARD SCOTT GILPIN				14. MOTHER'S MAIDEN NAME CLARA ELLEN HARMAN													
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no (unk.)) NO (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. NONE		17. INFORMANT & ADDRESS EARL S. BECKMAN, RT. 2, Swanton, Md.											
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH								
331X IMMEDIATE CAUSE (A) Acute Myocardial Infarction						3 days											
ANTECEDENT CAUSE(S) DUE TO (B) Cerebral Hemorrhage with rt sub. paralysis						10 days											
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)																	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.																	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from June 24, 1955, to July 4, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 1:37 A.M. from the causes and on the date stated above.																	
SIGNATURE <i>Ralph Colandrea</i>			M.D. <i>R. E. Gentry</i>			DATE SIGNED July 5-55											
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			DATE THEREOF 7/6/55			NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY											
24. REC'D BY REGISTRAR 7/6/55			REGISTRAR'S SIGNATURE <i>Julia A. Rowan</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Oliver A. Sharpley</i>											
ADDRESS Blaine, W. Va.																	

CERTIFICATE OF DEATH

1905

MASS. DEPT. OF HEALTH

CERTIFICATE

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MASS. DEPT. OF HEALTH

Count Thompson
Count Thompson
Count Thompson

BUREAU V. 2

11 1025

RECEIVED

MASS. DEPT. OF HEALTH

MASS. DEPT. OF HEALTH

MASS. DEPT. OF HEALTH

MASS. DEPT. OF HEALTH

Count Thompson
Count Thompson
Count Thompson

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy must be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06698

6697

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Maryland		COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Rural, near Swanton		LENGTH OF STAY (in this place) life time		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural, near Swanton		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)		1	
3. NAME OF DECEASED (Type or Print) Achibald Riley Bernard				4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 19 55			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1/26/1874	9. AGE last birthday 81 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Backbone Mt. near Chestnut Grove, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Edward Bernard				14. MOTHER'S MAIDEN NAME Eliza Sharpless			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Fannie O'Brien, Swanton, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
442X IMMEDIATE CAUSE (A) Acute Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 3 days			
ANTECEDENT CAUSE(S) DUE TO (B) Coronary Vascular Disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) with edema				1 yr.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Cellulitis				2 mo.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 19, 1954, to July 11, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 11:35 P.M. from the causes and on the date stated above.							
SIGNATURE Ralph Calandrella				DATE SIGNED July 13, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 7/14/55		NAME OF CEMETERY OR CREMATORY Lohn Cemetery,		LOCATION (City, town, or county) (State) near Swanton, Md.	
24. REC'D BY REGISTRAR 7/14/55		REGISTRAR'S SIGNATURE Julius H. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		ADDRESS Oakland, Md.	

CERTIFICATE OF DEATH

Deceased's Name: [illegible]

Age: [illegible]

Sex: [illegible]

Marital Status: [illegible]

Place of Birth: [illegible]

Occupation: [illegible]

Education: [illegible]

Color: [illegible]

Religion: [illegible]

Signature of Physician: [illegible]

Signature of Registrar: [illegible]

Great Western Life Insurance Co.
147
227

BUREAU V. S.

INT 21 1955

RECEIVED

22
High Columbia

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6698

CERTIFICATE OF DEATH

06699

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MD</u> COUNTY <u>GARRETT</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		TOWN <u>RURAL GORMAN MD</u>		TOWN <u>RURAL GORMAN MD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>JAMES MADISON CASSIDY</u>				<u>JULY - 27</u> 19 <u>55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>AUG. - 9 - 1867</u>	<u>87</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>FARMER</u>				<u>ST. GEORGE W. VA.</u>		<u>U. S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>JOHN CASSIDY</u>				<u>MARY ELIZABETH HEBB</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO.</u>				<u>ALVA R. CASSIDY, WILSON, W. VA.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
002X IMMEDIATE CAUSE (A) <u>PULMONARY TUBERCULOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>MA2 NUTRITION</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JULY 10, 1955</u> , to <u>JULY 14, 1955</u> , that I last saw the deceased alive on <u>JULY 14, 1955</u> , and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>E. J. Braun Gartner</u> M.D.				ADDRESS (Street, city, town, state) <u>25 Alder ST - Oakland MD</u>		DATE SIGNED <u>7/28/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>JULY 30 - 1955</u>		<u>FAIRVIEW CEMETERY</u>		<u>NEAR PARSONS W. VA.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>July 28/55</u>		<u>Julia A. Ryan</u>		<u>Ernest Bolden</u>		<u>OAKLAND MD.</u>	

CERTIFICATE OF DEATH

GARRETT

M/D

ROBERT GORMAN M/D

ROBERT

ROBERT GORMAN M/D

GARRETT

1924-25

JAMES MADISON CASSIDY

MARRIED AUG-P-1901. 21

MALE WHITE

ST. GEORGE N.Y. U.S.

FARMER

MARY ELIZABETH HERR

JOHN CASSIDY

ALVA R. CASSIDY WILSON W.VA

NO

BUREAU V. 2

AUG 9 1925

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Garrett County	STATE	Maryland
CITY (If outside corporate limits, write RURAL and give nearest town)	OR TOWN Rt. 2, Frostburg	CITY (If outside corporate limits, write RURAL and give nearest town)	OR TOWN Rt. 2, Frostburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First)	(Middle)	(Last)	
GEORGE	SAMUEL	DURR	
5. SEX:		6. COLOR OR RACE:	
male	white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH:	
married		March 14, 1902	
9. AGE last birthday		53 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	
Miner		Fire Clay	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Maryland		USA	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Louis Durr		Rebecca Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		212-10-9257	
17. INFORMANT & ADDRESS:		Mrs. Geo. S. Durr, Rt. 2, Frostburg	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE			
(A) Carcinoma Stomach			3 months
ANTECEDENT CAUSE (S):			
(B) metastatic carcinoma liver			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 7, 1955, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 11:00 PM, from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
John B. Davis, M.D.		7/11/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		7-13-1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Mt. Zion Cemetery		Garrett County, Md.	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR ADDRESS	
7/12/55		J. R. Durst, Frostburg, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 15 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06701

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		STATE <u>CUMBERLAND</u> COUNTY <u>ALLEGHENY</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>OAKLAND, MD.</u>		<u>17 MOS.</u>		TOWN <u>CRESAPTOWN, MD.</u>		<u>01X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>90 WEEKS NURSING HOME</u>				<u>OAKLAND, MD.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<u>ALBERT EDWARD ELLIS</u>				<u>JULY 31 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>MARCH 8, 1888</u>	<u>67</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
		<u>RETIRED</u>		<u>BALTIMORE, MD.</u>		<u>AMERICA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>HENRY ELLIS</u>				<u>HELEN CHESNEY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO</u>		<u>214-07-6800</u>		<u>LOUISE KRAFF CUMBERLAND, MD.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>422.1</u> IMMEDIATE CAUSE (A) <u>Probable cerebral vascular</u>							
ANTECEDENT CAUSE(S) DUE TO <u>Accident</u>				<u>2 days</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Arteriosclerotic Cardiovascular disease - years</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Previous stroke</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 30, 1955</u> to <u>July 31, 1955</u> , that I last saw the deceased alive on <u>July 30, 1955</u> , and that death occurred at <u>12:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas A. Gushy M.D.</u>				ADDRESS (Street, city, town, state) <u>Oakland md</u> DATE SIGNED <u>7/31/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Removal</u>		<u>aug 3-1955</u>		<u>St George</u>		<u>mt savoye md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>7/31/55</u>		<u>Julia Thoman</u>		<u>Emory Bolden</u>		<u>Oakland Md</u>	

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

AMOUNT PAID

INSTRUCTIONS TO REGISTRARS: This certificate is to be filled out by the registrar of the town or city in which the death occurred. It should be filled out as soon as possible after the death, and before the body is buried or cremated. The registrar should obtain the name of the deceased from the family, and the name of the place of birth from the birth record. The cause of death should be given in full, and the date and place of death should be given. The registrar should also obtain the name of the physician who attended the deceased, and the name of the funeral home. The certificate should be signed by the registrar, and the name of the town or city should be given. The certificate should be filed in the death record of the town or city, and a copy should be sent to the State Department of Health.

BUREAU V. 2

AUG 9 1955

RECEIVED

26

CERTIFICATE OF DEATH

Reg. Dist. No. 16

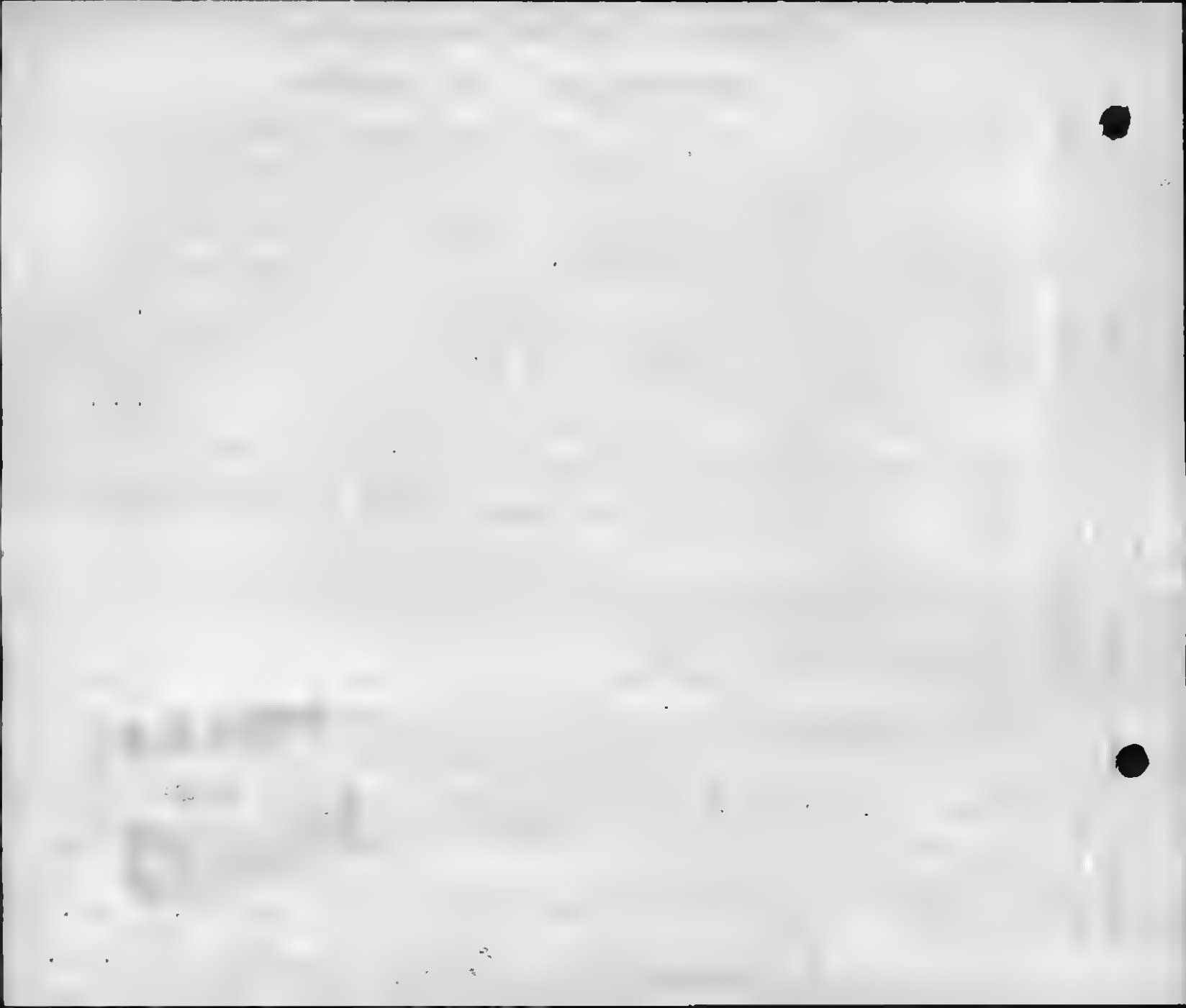
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN OAKLAND				TOWN SWANTON			
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.				STREET ADDRESS (if rural give location)			
3. NAME OF DECEASED (Type or Print) KATIE FRIEND				4. DATE OF DEATH JULY 9, 1955			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH MARCH 12, 1889	
9. AGE last birthday 66 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME KNOX, JOHN				14. MOTHER'S MAIDEN NAME DURST, B. R. RA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS ELIZABETH KNOX, DEER PARK, MD			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
18a. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.0 IMMEDIATE CAUSE (A) Myocardial Infarction						12 hrs	
ANTECEDENT CAUSE(S) DUE TO (B) Sclerotic Heart Disease						10 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Myocardial Infarction							
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-8</u> , 19 <u>55</u> , to <u>7-8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>55</u> , and that death occurred at <u>1:40</u> AM, from the causes and on the date stated above.							
SIGNATURE <i>[Signature]</i>				ADDRESS (Street, city, town, state) <i>Oakland, Md.</i>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/12/55		NAME OF CEMETERY OR CREMATORY Glendale Cemetery		LOCATION (City, town, or county) (State) near Oakland, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Oakland, Md.	
DATE 7/12/55							

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M



INSTRUCTIONS

1 after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

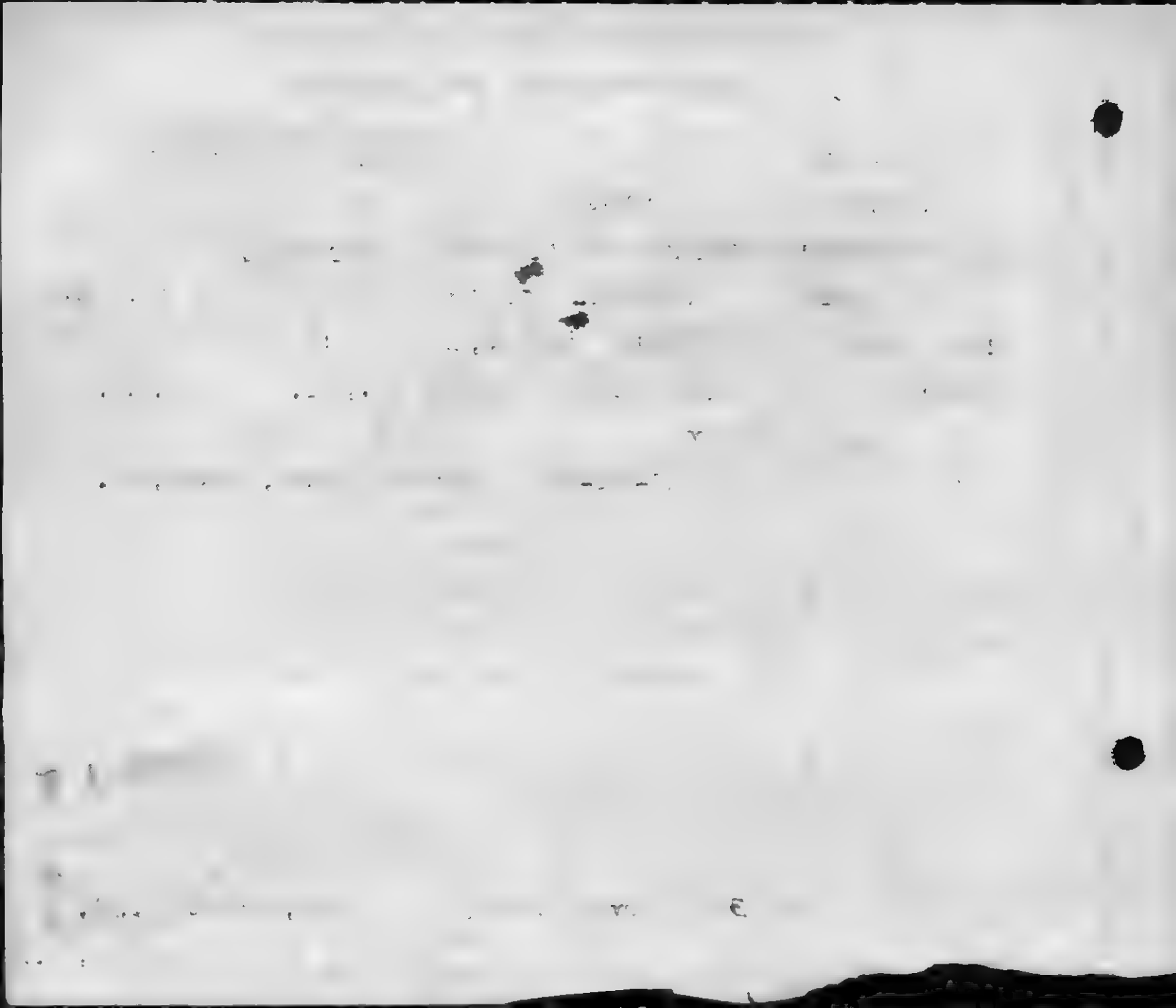
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

06703
166

1. PLACE OF DEATH COUNTY GARRETT MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND LENGTH OF STAY 20 days				2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) VINDEX STREET ADDRESS (If rural give location) EAST VINDEX			
3. NAME OF DECEASED (Type or Print) CORBET (First) ROOSEVELT (Middle) HARVEY (Last)				4. DATE OF DEATH JULY 20, 1955 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH JUNE 25, 1902	9. AGE last birthday 53 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if minor) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal mines		11. BIRTHPLACE (State or foreign country) GARRETT CO., MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALBERT HARVEY				14. MOTHER'S MAIDEN NAME BETTY SMITH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unk.) NO (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 201-688-861		17. INFORMANT & ADDRESS Hilawatha Harvey, Vindex, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Mesenteric Thrombosis				30 hours			
ANTECEDENT CAUSE(S) DUE TO (B) Diabetes Mellitus & Coma				42 hours			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) Diabetes Mellitus				unknown			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 21		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 July, 1955 to 20 July, 1955 , that I last saw the deceased alive on 20 July, 1955 , and that death occurred at 6:03 AM , from the causes and on the date stated above.							
SIGNATURE Andrew E. Mance		M.D.		ADDRESS (Street, city, town, state) Oakland Md		DATE SIGNED 20 July 55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF July 22/55		NAME OF CEMETERY OR CREMATORY Harvey Cemetery		LOCATION (City, town, or county) (State) Shaw, Garrett Co., Md.	
24. REC'D BY 55		REGISTRAR'S SIGNATURE John P. Brown		25. FUNERAL DIRECTOR'S SIGNATURE Charles Sharpe		ADDRESS Blaine, W. Va	



CERTIFICATE OF DEATH

Reg. Dist. No. 06704 166

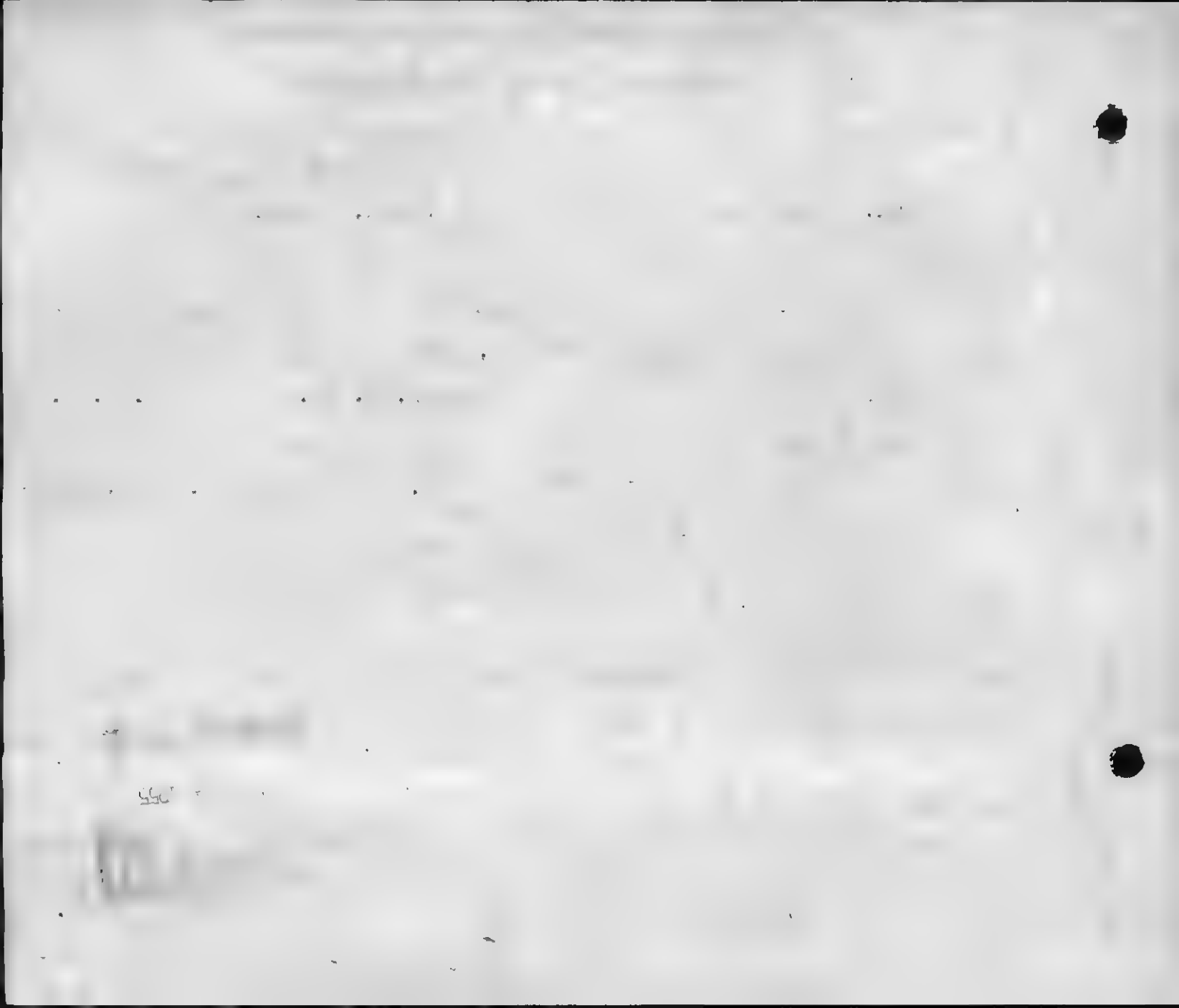
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Maryland COUNTY Garrett			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Rural, Oakland				TOWN Rural, Oakland		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00							
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
Randolph Helms				July 6 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Married	June 14, 1889	66 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Miner				Fairfax, W. Va.		U. S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Randolph Helms				Mary Whitehair			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		213-01-4057		Mrs. Randolph Helms, Rt 1, Oak-			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage				1 Week			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C) Serum				3 Years			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2 April , 19 50 , to 6 July , 19 55 , that I last saw the deceased alive on 17 March , 19 55 , and that death occurred at 7:55 M., from the causes and on the date stated above.							
SIGNATURE		M.D.		ADDRESS (Street, city, town, state)		DATE SIGNED	
A. E. Mauee				Oakland Md		7 July 55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		7/8/1955		Bray Cemetery		near Oakland, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
7/8/55		J. L. R. R. R.		Emory Bolden		Oakland, Md.	

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

67-4-185 8-10-55 et
CERTIFICATE OF DEATH06705
166
Reg. Dist. No.

item 9, Film 185 8-10-55 et

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	MARYLAND	STATE MARYLAND	COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN RURAL CRELLIN MD.		TOWN RURAL CRELLIN MD. X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
SARAH GREER HUTCHINSON.		JULY - 27 1955	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
FEMALE	WHITE	WIDOWED	NOV. - 18 - 1871
9. AGE last birthday		IF UNDER 1 YEAR	
84.83 yrs.		Months Days Hours Min.	

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		SCOTT CO. VA.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREELAND GREER.	NANCY ALLEY.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT & ADDRESS
		MRS. IRET ASHBY. CRELLIN MD.

18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
4-2-1 IMMEDIATE CAUSE (A) CEREBRAL VASCULAR ACCIDENT 1 DAY					
ANTECEDENT CAUSE(S) DUE TO (B) ARTERIOSCLEROTIC CARDIO -				UNKNOWN	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) VASCULAR DISEASE					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 2:45 P.M. from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
<i>William H. Herring, M.D.</i>	<i>Towson, Md.</i>	<i>July 29, 1955</i>
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY
BURIAL	JULY-29-1955	ASHBY CEMETERY
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
<i>July 29/55</i>	<i>Julius Howard</i>	<i>Emory Bolden</i>
		ADDRESS
		OAKLAND MD.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

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Journal of Management Education 30(6)

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Journal of Management Studies, 19(1), 67-80.

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Journal of Management Education 36(8)

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be released by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

67 15

06796

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Sarrett</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Sarrett</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <i>Friendsville Md all life</i>				TOWN <i>Friendsville Md.</i>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>None</i>				STREET ADDRESS (If rural give location) <i>None. Gen. Del.</i>			
3. NAME OF DECEASED (Type or Print) <i>Lucille - Hazel - Newcomer</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>July 13 - 1953</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 10 - 1922</i>	9. AGE last birthday <i>33</i> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Super</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Carl Friend</i>				14. MOTHER'S MAIDEN NAME <i>Mary Lowdermilk</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>218-12-5532</i>		17. INFORMANT & ADDRESS <i>Chas Newcomer - Friendsville Md</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
171X IMMEDIATE CAUSE (A) <i>Carcinoma of Uterine Cervix</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs</i>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/> P. <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>No injury</i>			
22. I hereby certify that I attended the deceased from <i>Aug 13, 1954</i> to <i>July 13, 1955</i> , that I last saw the deceased alive on <i>July 13, 1955</i> , and that death occurred at <i>1:15 P.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>Milton T. J. . . .</i>				ADDRESS (Street, city, town, state) <i>Friendsville Md.</i> DATE WHEN <i>July 55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>July 13-55</i>		NAME OF CEMETERY OR CREMATORY <i>Stable Cemetery</i>		LOCATION (City, town, or county) (State) <i>Friendsville - Sarrett Md</i>	
24. REC'D BY REGISTRAR <i>Ruth Frank Deputy</i>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Rodakauer</i>		ADDRESS <i>Markleysburg Pa</i>	
DATE <i>July 14 1955</i>							

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS ABC 1-55 10M

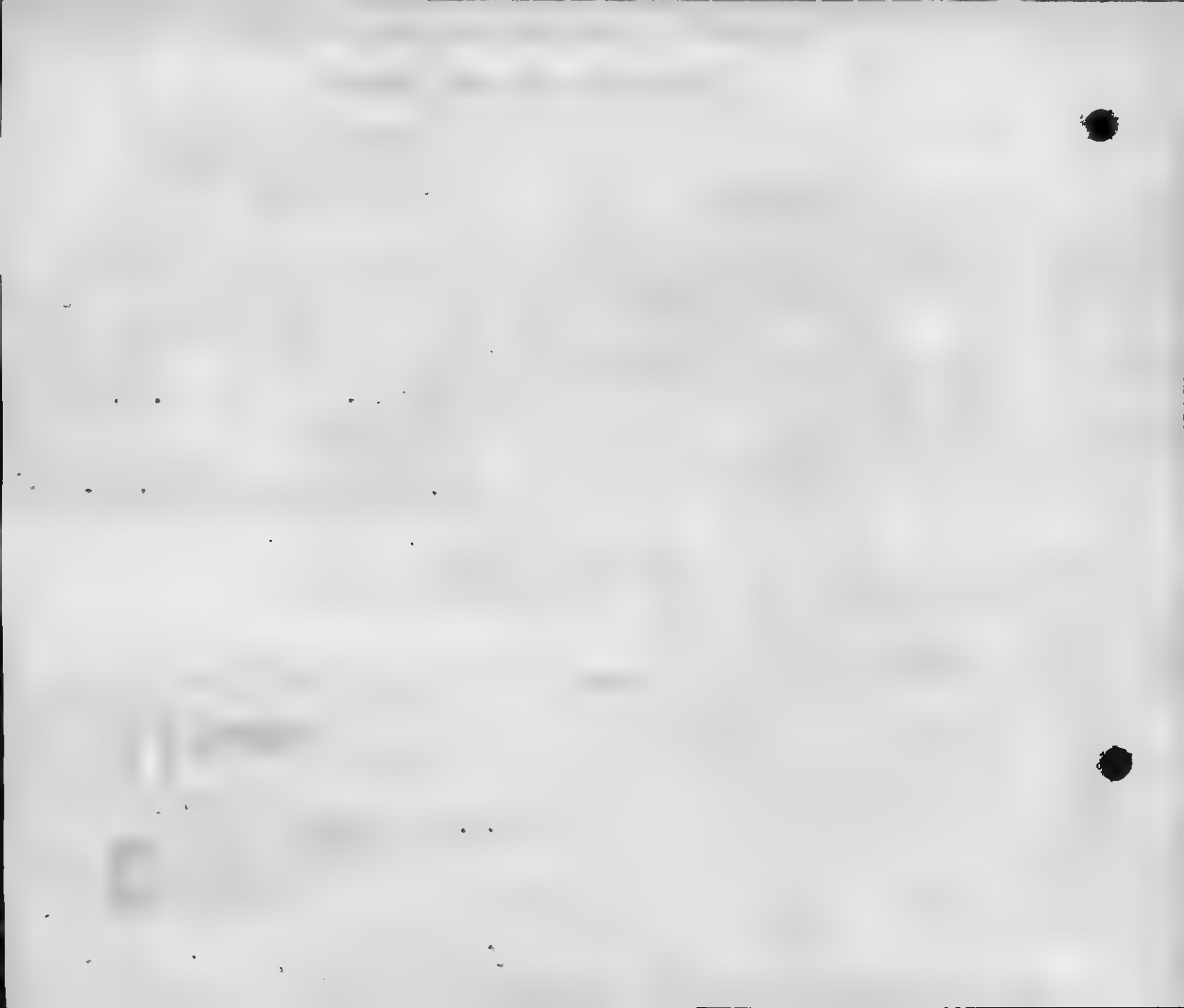
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

67 '6

CERTIFICATE OF DEATH

Reg. Dist. No. 06707
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		STATE Maryland		COUNTY Garrett			
CITY (If outside corporate limits, write RURAL or end give nearest town) Rural		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL or end give nearest town) Rural			
TOWN near Oakland				TOWN near Oakland			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Patrick Hamill Rodeheaver				4. DATE OF DEATH (Month) (Day) (Year) 7 9 19 55			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8/2/1860	9. AGE last birthday 94 yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS
				Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Garrett Co.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13. FATHER'S NAME Samuel Rodeheaver				14. MOTHER'S MAIDEN NAME Mary Ann Sisler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO		17. INFORMANT & ADDRESS 34 20th St. N. Mrs. Della McIntire Wash., DC			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
422.1 IMMEDIATE CAUSE (A) Arteriosclerotic cardio				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) vascular disease				year			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) (Heart Failure)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Semility							
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> P. <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 26 Sept. 19 52 to 6/25 55 , that I last saw the deceased alive on 6/25/55 19 715P , and that death occurred at Oakland Md on the date stated above.							
SIGNATURE Thomas J. Gushy		M.D.		ADDRESS (Street, city, town, state) Oakland Md		DATE SIGNED 7/10/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/12/55		NAME OF CEMETERY OR CREMATORY Rodeheaver Cemetery		LOCATION (City, town, or county) near Oakland Md.	
24. REC'D BY REGISTRAR 7/14/55		REGISTRAR'S SIGNATURE Julia G. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		ADDRESS Oakland, Md	



1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

M **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06708

6777

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett MARYLAND CITY OR TOWN Oakland LENGTH OF STAY 17 Months				2. USUAL RESIDENCE (HOME) OF DECEASED STATE West Va. COUNTY Monongalia CITY OR TOWN Morgantown, W. Va. 85X-3 STREET ADDRESS 7th and Alder Street			
3. NAME OF DECEASED (Type or Print) Jacob Burr Shockey				4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 55			
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 16/1870	9. AGE last birthday 84 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor				10b. KIND OF BUSINESS OR INDUSTRY Public Building		11. BIRTHPLACE (State or foreign country) W. Va.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME Ira Shockey				14. MOTHER'S MAIDEN NAME Melissa Newlon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS Graham Weeks - Oakland, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
260X IMMEDIATE CAUSE (A) Diabetes Mellitus						INTERVAL BETWEEN ONSET AND DEATH not known	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. White at work Not white at work		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/6/55 , 19 55 , to 7/6/55 , that I last saw the deceased alive on 7/6/55 , 19 55 , and that death occurred at 2:08P. M, from the causes and on the date stated above.							
SIGNATURE [Signature] M.D. [Signature]				DATE SIGNED 7/7/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/8/1955		NAME OF CEMETERY OR CREMATORY Beverly Hills Memorial Gardens Morgantown		LOCATION (City, town, or county) (State) W. Va.	
24. REC'D BY REGISTRAR 7/7/1955		REGISTRAR'S SIGNATURE Jessie C. Brown		25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton		ADDRESS Oakland, Md.	

RECEIVED

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06709

6708

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>OAKLAND</u>		<u>9 HRS.</u>		TOWN <u>DEER PARK - ROUTE # 1</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>CARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>STEYER</u> <u>BABY GIRL</u>				<u>7</u> <u>20</u> <u>19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
<u>F</u>	<u>W</u>	<u>SINGLE</u>	<u>JULY 20, 1955</u>			<u>9</u> <u>37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>OAKLAND, MARYLAND</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>STEYER, LEE</u>				<u>TICHNELL, ANNA DOROTHA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>LEE STEYER R. D. Deer Park, Md.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>776X</u> IMMEDIATE CAUSE (A) <u>Premature birth,</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<u>0</u>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>20 July, 1955</u>, to <u>20 July, 1955</u>, that I last saw the deceased alive on <u>20 July, 1955</u>, and that death occurred at <u>2:50 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Andrew S. Maue</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>21 July 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>7/21/1955</u>		<u>White Church Cemetery near Deer Park, Md.</u>			
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>7/21/55</u>		<u>Julia C. Rowan</u>		<u>Herbert C. Leighton</u>		<u>Oakland, Md.</u>	

2075243250

CERTIFICATE OF DEATH

178

INSTRUCTIONS

BUREAU V. S.

AUG 9 1955

RECEIVED